

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM 1050

SERIAL NO. 10540396 FILING DATE

1/23/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			2			
TOTAL DEP.		24				
TOTAL	26					

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS	26		